

How to Manually Enroll an Individual Monitoree in Sara Alert (Contact) – Exposure Workflow

Monitorees enrolled will be added to the Exposure Monitoring workflow as contacts, unless select fields are changed (see page 7 to switch the monitoree to Isolation Monitoring.) Six sections to add a monitoree: Monitoree Identification, Address, Contact Info., Arrival Info., Planned Travel, and Potential Exposure Info.

SEARCH AND ENROLL

1. Search for the Monitoree to ensure they are not already in the system.
 - Click on “All Monitorees” to search the entire list.
 - Search by the last name, first name, or date of birth (format YYYY-MM-DD), whichever may be more specific to narrow down the list. (You can also search on State/Local ID but that may not be unique).
 - If your monitoree is not found, then go to Step 2.
2. Click on Enroll New Monitoree and enroll in **Exposure workflow** if a contact.



SECTION ENTRY

Monitoree Identification

Enter the required fields plus any other information you obtain. Required fields are noted with an asterisk (*).

- **Required – First Name, Last Name, Date of Birth**
 - Use temporary placeholders for required fields if unknown - DOB: 01/01/1900 and Last Name: NP (NP = Not Provided)
 - Update required fields with accurate information during the interview with the contact.
- Please complete as much information as possible based on conversations with the case and contact.
- **Collect: DOB, Sex at Birth, Race, and Ethnicity.**
- Optional: Gender Identity, Sexual Orientation, and Nationality.
- **Primary Language drop-down is used to designate language need**; the language in which reports will be sent. The system has many languages listed, but is only designed to send in English, Spanish, Spanish (Puerto Rican), French and Somali at this time. *You will receive a warning if you select a language that is not supported.*
- State/Local ID can be used to designate a CT team, or an abbreviation for an institute of higher learning (IHE).
- NNDSS/Case ID should be blank for initial contacts since they are not cases. (If the monitoree *becomes* a Confirmed or Probable case during their monitoring period, then users should enter the VEDSS Person Search ID at that time. To distinguish them from cases directly entered into the system, versus those who started as contacts, place a C (for contact) in front of the VEDSS ID.)
- Click Next to Progress through the Enrollment Wizard.

WORKFLOW *
Exposure (contact)

FIRST NAME *

MIDDLE NAME(S)

LAST NAME *

DATE OF BIRTH *

AGE

SEX AT BIRTH

GENDER IDENTITY

SEXUAL ORIENTATION

RACE (SELECT ALL THAT APPLY)
☐ WHITE
☐ BLACK OR AFRICAN AMERICAN
☐ AMERICAN INDIAN OR ALASKA NATIVE
☐ ASIAN
☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

ETHNICITY

LANGUAGE
Languages that are not fully supported are indicated by a (*) in the below list.

PRIMARY LANGUAGE

Spanish (Puerto Rican)
Somali*
Arabic*
Bengali*
Burmese*
Chinese*
Croatian*
Czech*

SECONDARY LANGUAGE

NNDSS LOC. REC. ID/CASE ID

Next

Monitoree Address

Enter the required fields and any additional information that you obtain. Required fields are noted with an asterisk (*).

- Required – Address 1, Town/City, State**
 - Temporary placeholders for required fields if unknown (NP = not provided)
 - Last Name or First Name if unknown – NP
 - Address 1 - NP
 - Town/City - NP
 - State - Virginia
 - Zip - 99999
- Please complete as much information as possible in conversations with the case and then the contact.*
- County (District) is not required but can be used to specify the County where the monitoree lives. This field does not control the jurisdiction of the monitoree. (The Assigned Jurisdiction does.)
- Address at Destination in USA Where Monitored – If being monitored at home, select Copy from Home Address. *If the Monitoree plans to be quarantined elsewhere, add the address in this second part.*
- Monitorees should be followed up by the district where they are spending quarantine (where they ‘lay their head at night’ for wrap-around services).** To determine the district, check [Town, Counties, Districts, Regions](#).
 - Update the Assigned Jurisdiction after saving the record to reflect where monitoree is spending quarantine (unless they will spend quarantine out of state). See Review and Save section below.
 - If monitoree is being quarantined in the USA, but lives outside the country, use the second tab of this screen (behind the Home Address Within USA, to enter that information.)
- To move forward, click Next. To proof the prior screen, hit Previous.

Home Address Within USA

Home Address Outside USA (Foreign)

ADDRESS 1 *

12345 Amazon Way

TOWN/CITY *

Richmond

STATE *

Virginia

ADDRESS 2

ZIP *

23219

COUNTY (DISTRICT)

Richmond

Address at Destination in USA Where Monitored

Copy from Home Address

(If monitoree is planning on travel within the US, enter the first location where they may be contacted)

ADDRESS 1

12345 Gentle Shade Way

TOWN/CITY

Ashland

STATE

Virginia

ADDRESS 2

ZIP

23005

COUNTY (DISTRICT)

Hanover

Previous

Next

Monitoree Contact Information

Enter the required fields and any additional information that you obtain. These fields are very important, as they are the KEY to self-reports.

- **Required – no fields are required until a Preferred Reporting Method is selected.**
- **Default Preferred Reporting Method is “Unknown” (as of 7/14/2020); leave as is until the CT talks to the monitoree.** This ensures the monitoree does not receive notifications, and allows the CT to evaluate the best reporting method during the initial interview. (No need to pause or resume notifications anymore!)
- **Preferred Reporting Method – the way that Monitoree wants to be contacted. *It is IMPORTANT to update this field during your interview with the contact.*** Options are Emailed Web link, SMS Texted Web link, Telephone Call, SMS Text Message. **Emailed web link or texted web link are preferred as they feature nuanced symptom information (for individuals and households).**
- Do not enter a placeholder phone number or email address, as this will lump the monitoree in a household unintentionally. Only enter valid phone numbers or email addresses.
- **Preferred Contact Time – *It is IMPORTANT to update this field during your interview with the contact.*** This is key to receiving automated self-reports when the monitoree wants them. 8 to 12 is Morning; 12 to 4PM is Afternoon; and 4 to 8PM is the evening.

PREFERRED REPORTING METHOD

SMS Texted Weblink

PREFERRED CONTACT TIME ⓘ

Morning

Morning: Between 8:00 and 12:00 in monitoree's timezone

Afternoon: Between 12:00 and 16:00 in monitoree's timezone

Evening: Between 16:00 and 20:00 in monitoree's timezone

PRIMARY TELEPHONE NUMBER *

804-752-6392

SECONDARY TELEPHONE NUMBER

540-805-6895

PRIMARY PHONE TYPE

Smartphone

SECONDARY PHONE TYPE

Landline

Smartphone: Phone capable of accessing web-based reporting tool

Plain Cell: Phone capable of SMS messaging

Landline: Has telephone but cannot use SMS or web-based reporting tool

E-MAIL ADDRESS

superwoman@test.com

CONFIRM E-MAIL ADDRESS

superwoman@test.com

Previous

Next

Monitoree Arrival Information

- No fields are required in this section.
- Enter if travel history is available.

Additional Planned Travel

- No fields are required in this section.
- Enter if planned travel information during the quarantine period is collected.

Monitoree Potential Exposure Information

- **Required – Last Date of Exposure is the only required field in this section.** *This field is used by the Sara Alert system to calculate automatically the monitoring period (14 days from Last Date of Exposure, LDE is Day 0).* Please ensure this date is accurate through conversations with the case and then interviewing the contact.
- **For continuous household exposures, where a contact is living with a case, two options can be used:**
 - Toggle on the Continuous Monitoring field; monitoree will receive notifications until field is toggled off or the Last Date of Exposure field is updated.
 - Enter a future date for Last Date of Exposure (example 10 days in the future, when case may meet the end isolation, situation will depend on case recovery). CT will need to monitor.
- Document risk factors in the relevant fields in this section:
 - Exposure Location – where the contact was exposed. Enter information based on what the case tells you, but confirm with the contact while maintaining the confidentiality of the case. This field can take multiple entries separated by commas. Contact tracers may want to include the workplace, or congregate living facility, etc.
 - Exposure Country – optional, complete as relevant, especially if travel occurred
 - **Close Contact with a Known Case – enter the VEDSS ID for the case who identified the contact. This is an important field for matching.**
 - Member of a Common Exposure Cohort – enter the Outbreak ID if relevant.
 - Complete the other exposures if relevant in the list, where ‘Enter Facility Name’ is present.
 - Exposure Notes – free text field for any relevant notes pertaining to the exposure!
- Assigned Jurisdiction – defaults to the District, Region or State level to which the Sara Alert user has access. It is recommended you update this Assigned Jurisdiction AFTER saving the record (see Save and Review). **CTs should update Assigned Jurisdiction (Health District) based on the monitoree’s address during quarantine (if in Virginia).**
 - Use the [In-State Transfer Protocol](#) if the monitoree is spending quarantine in Virginia.
 - If the monitoree is spending quarantine outside Virginia, keep the Assigned Jurisdiction as your own health district, but update the patient address. Use the [Out of State Protocol](#).
- **Assigned User – enter the ID for the individual CT who is assigned the monitoree.** Use the ID list [here](#).
- Risk Assessment (level) – please apply the Risk Level Assessment definitions [here](#).
- Monitoring Plan – please apply the Monitoring Plan definitions available [here](#).

Monitoree Potential Exposure Information		
LAST DATE OF EXPOSURE *	EXPOSURE LOCATION	EXPOSURE COUNTRY
<input type="text" value="09/13/2020"/>	<input type="text" value="State University, Amazon Dorm"/>	<input type="text" value="United States of America (the)"/>
<input type="checkbox"/> CONTINUOUS EXPOSURE EXPOSURE RISK FACTORS (USE COMMAS TO SEPERATE MULTIPLE SPECIFIED VALUES)		
<input checked="" type="checkbox"/> CLOSE CONTACT WITH A KNOWN CASE <input type="text" value="882418"/>		
<input type="checkbox"/> TRAVEL FROM AFFECTED COUNTRY OR AREA		
<input type="checkbox"/> WAS IN HEALTH CARE FACILITY WITH KNOWN CASES <input type="text" value="enter facility name"/>		
<input type="checkbox"/> LABORATORY PERSONNEL <input type="text" value="enter facility name"/>		
<input type="checkbox"/> HEALTHCARE PERSONNEL <input type="text" value="enter facility name"/>		
<input type="checkbox"/> CREW ON PASSENGER OR CARGO FLIGHT		
<input checked="" type="checkbox"/> MEMBER OF A COMMON EXPOSURE COHORT <input type="text" value="REISS10STATEU0920"/>		
NOTES <input type="text" value="Superwoman was exposed to Superman while on campus at State University."/>		
PUBLIC HEALTH RISK ASSESSMENT AND MANAGEMENT		
ASSIGNED JURISDICTION *		ASSIGNED USER
<input type="text" value="USA, State 1"/>		<input type="text" value="1104"/>
RISK ASSESSMENT	MONITORING PLAN	
<input type="text" value="High"/>	<input type="text" value="Daily active monitoring"/>	
<input type="button" value="Previous"/>	<input type="button" value="Next"/>	

Review and Save:

You can review all the information in the different sections and Edit if needed at any time.

- **Click Finish to create the Monitoree when ready.**
- Click Finish and Add a Household Member if you are creating a household.
 - By default, if you are creating a household, the first person created is created as Head of Household.
- **Pause Notifications:** There is no need to Pause or Resume notifications here anymore since Default Reporting Method is being reported as Unknown until the contact is interviewed.
- **Update the Assigned Jurisdiction:** After creating a monitoree, if you need to update the Assigned Jurisdiction from a State or Regional default to a Health District or from one Health District to another, you can easily do this. (Consider exporting the data first if you will be transferring to a Jurisdiction outside your access). See the [In-State Transfer Protocol](#) and [Out of State Transfer Protocol](#) for reference. If transferring out of state, keep the Assigned Jurisdiction your own, update the patient address, and close with reason Transfer Jurisdiction. For In-state transfers:
 - Under Monitoring Actions, place your cursor in the Assigned Jurisdiction and use the Backspace button to completely clear out the current entry.
 - Start typing USA, Virginia, (Region, District) to select the right District.
 - Once a new Assigned Jurisdiction is selected, click on the Change Jurisdiction button. The button will be grayed out until a new Assigned Jurisdiction is selected.
 - Please see print screens on the next page!

The screenshot shows a web application interface for 'Sara Alert'. On the left is a sidebar with a list of jurisdictions: USA, State 1, County 1; USA, State 1, County 2; USA, State 10; USA, State 10, County A; USA, State 10, County B; USA, State 11; USA, State 11, County A; USA, State 11, County B; USA, State 12, County A; USA, State 12, County B; USA, State 13; USA, State 13, County A; USA, State 13, County B; USA, State 14, County A; USA, State 14, County B. The main area displays patient information for 'rt.org/patients/945', including contact details and a 'Contact Information' section. Below this are sections for 'EXPOSURE RISK ASSESSMENT' (High), 'MONITORING PLAN' (Daily active monitoring), 'LATEST PUBLIC HEALTH ACTION' (None), and 'ASSIGNED USER' (1104). At the bottom, there are two buttons: 'Change User' and 'Change Jurisdiction'. Two red arrows point to these buttons.

Change the Assigned Jurisdiction by 1) clearing the current value, 2) selecting a new one, 3) selecting Change Jurisdiction.

Information on Vaccination Section

Assess if they were vaccinated and document in Sara Alert:

- Fully vaccinated people:
 - ≥2 weeks following receipt of the second dose in a 2-dose series or ≥2 weeks after a single-dose vaccine.
- Not fully vaccinated:
 - <2 weeks following receipt of second dose in a 2-dose series or <2 weeks after a single-dose vaccine OR only one dose has been received in a 2-dose series.
- Do not assume they are fully vaccinated if they have received two doses – verify dates!
 - If any vaccine doses have been received, document in Sara Alert.
 - Ask for Product name, Administration Date (Date of Vaccination), Dose Number.
 - If the Lot number is available, notate this in the Notes section (free-text field) following the Dose Number

The screenshot shows the 'Vaccinations' section of the Sara Alert interface. At the top left, there is a button labeled '+ Add New Vaccination' which is circled in red. To the right of this button is a search bar. Below these is a table with the following columns: Actions, ID, Vaccine Group, Product Name, Administration Date, Dose Number, and Notes. The table is currently empty, and a message 'No data available in table.' is displayed. At the bottom left, there is a 'Show' button and a dropdown menu set to '10', with the text 'Displaying 0 out of 0 rows.'

Product Name*

▼


Moderna COVID-19 Vaccine

Pfizer-BioNTech COVID-19 Vaccine

Janssen (J&J) COVID-19 Vaccine

Unknown

Administration Date

 mm/dd/yyyy

Dose Number

▼

1

2

Unknown

If not fully vaccinated:

- Since they have not yet been fully vaccinated, they will need to follow the current quarantine guidance and monitor in Sara Alert.

If **fully vaccinated**:

- Quarantine is not required and testing is not recommended for most fully vaccinated people.
- However, monitoring symptoms in Sara Alert for 14 days after exposure is still a best practice for all fully vaccinated individuals and can be recommended to the contact.
- If symptomatic, contact should self-isolate and get tested. Inform their medical provider of vaccination status and symptoms.
- People with immunocompromising conditions should talk to their medical provider.
- Inpatients and residents in healthcare settings should continue to quarantine, monitor and be tested.
- Some high-risk settings should get tested after an exposure, but do not need to quarantine, examples:
- Fully vaccinated residents and employees of correctional and detention facilities and homeless shelters

- **Entry into Sara Alert:**

- Enter contact into Sara Alert Exposure workflow.
- Enter the contact's vaccination information.
- For persons who are entirely asymptomatic, not in a high risk setting AND refuse monitoring: close with reason "Other" and add an explanation.

Information on Monitoring Actions Section

Changing values in these fields will change the line list or workflows where the monitoree appears:

Monitoring Status – active monitorees should be set to ‘Actively Monitoring.’ If a Sara Alert user changes this to ‘Not Monitoring’, the monitoree will be moved to the Closed line list. When moved to the Closed line list, the monitoree does not receive self-reports and becomes eligible for purging after no edits within 14 days.

Case Status – by default, this field is blank (null). Completing this field is optional UNLESS the contact is identified as a case (meets CDC/CSTE case definition), and that point in time, Probable or Confirmed should be selected. After doing so, the Sara Alert user has a choice to End Monitoring or Continue Monitoring in Isolation Workflow (choose depending on CI resources). Contacts who are being actively monitored and who are not symptomatic can have this field left blank or be listed as Unknown, and if symptomatic, as Suspect, until additional information is obtained. If the monitoree never becomes a case, then Not a Case can be selected.

Latest Public Health Action – by default, this field is None. If anything other than None is selected, the monitoree is moved to the Person Under Investigation (PUI) line list. Typically, this occurs when/if a symptomatic monitoree is contacted, and gets referred for medical evaluation or testing, this is the field that is updated.

Reports

- Add New Report – can be used to enter a manual report if the monitoree is contacted directly.
- Mark All As Reviewed – can be used to indicate symptoms are not concerning (i.e., due to allergies). VDH recommends being conservative, and recommending medical evaluation and testing rather than marking the symptoms as reviewed. (This option may also be used if a HoH selected a method that will list all household members as symptomatic, like simple text or phone, when only one is actually symptomatic.)
- Pause/Resume Notifications – controls whether self-reports are off or enabled.
- Log Manual Contact Attempt – allows users to document a contact attempt with the monitoree that is successful or unsuccessful.
- Symptom Onset – will automatically populate based on when the monitoree first reported symptoms, but will only populate based on the algorithm of symptoms, i.e., at least 2 of a group of symptoms or 1 of the main symptoms, based on CDC/CSTE case definition. Can also be manually entered or updated. Used by system to determine if non test-based recovery for isolation monitoring is met.
- Add New Lab Result – can/should be entered if the monitoree is tested and districts have resources to enter. Most important for entering into Sara Alert for asymptomatic cases to assist with recovery definition.

For more complete information, refer to the latest Sara Alert User Guide available from Mitre [here](#).